



# TRINITY COUNTY HEALTH AND HUMAN SERVICES

LETTY GARZA, DIRECTOR  
#51 INDUSTRIAL PARK WAY  
P.O. BOX 1470, WEAVERVILLE, CALIFORNIA 96093  
PHONE (530) 623-1265 (800) 851-5658 FAX (530) 623-8250

---

Date: June 2018

The following methodology is used to determine Special Care Increments (SCI) for foster children under the jurisdiction of Trinity County Child Welfare Services (CWS) and for foster children placed within Trinity County by other child welfare agencies.

## Overview

Specialized care provides a supplemental payment to the family home provider (resource family), in addition to the Level of Care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has a health and/or behavior problem. Placement of children who need specialized care in family homes complies with State and Federal requirements that a child is entitled to placement in a family environment, in close proximity to the parent's home, and consistent with the best interest and special needs of the child. California's specialized care rate setting system promotes these concepts.

The Specialized Care Increment (SCI) is the supplemental payment added to the Level of Care rate for children with health and/or behavioral problems. Qualifying factors may range from mild/moderate level specialized medical care, developmental delay issues or behaviorally based needs to more intensive or exceptional care needs. Children requiring intensive, therapeutic level of care may require placement in a therapeutic foster home setting. For the purpose of meeting the specialized needs of children who are determined to have moderate to exceptional care needs, the County will provide a SCI. The SCI is intended to assist in offsetting costs related to the provision of care and supervision. Per Welfare and Institutions Code § 11460 (b), care and supervision is defined as food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which he or she is enrolled at the time of placement. Reimbursement for the costs of educational travel, as provided for in this subdivision, shall be made pursuant to procedures determined by the department, in consultation with representatives of county welfare and probation directors, and additional stakeholders, as appropriate.

Caregivers who do not meet the needs directly and instead rely on the agency to provide support to meet these needs, are not eligible for the SCI.

## Methodology

Trinity County Child Welfare Services (CWS) social worker will assess the child's medical, developmental, and/or behavioral issues to determine the SCI Tier. The assessment should include, but is not limited to a consultation with a County Public Health Nurse/Foster Care Nurse, Education Liaison, Social Worker, Social Services Aide, or other County staff who have expertise in a child's issues. The assessment should also include, but is not limited to consideration of the following: contact notes in the CWS/CMS software system reflecting any special needs/behaviors indicated by biological parents/family, discussion of special needs/behaviors with caregiver, in-placement visit summaries discussing observed special needs/behaviors, summaries of court-ordered supervised visitation and any special needs/behaviors described therein, medical information from the foster care nurse, school information/plans from the education liaison, psychological assessment, or any additional documentation to support the need for the SCI.

The social worker will use the SCI Classification Table in the Addendum as a guideline to determine if the child's needs meet Tiers 1, 2, or 3. The SCI Classification Table is not meant to encompass every issue, but serves as a foundation of like issues that meet Tiers 1, 2, or 3.

The SCI increment is paid in addition to the Level of Care (LOC) rate and will be based on the level assessed and documented by the CWS social worker. Trinity County SCI dollar amounts for each Tier are included in the *Request and Approval for Special Care Increment* form (CWS-83). Note that due to the interaction of the LOC and SCI, it is possible, and acceptable, for the final rate to meet or exceed the next LOC level.

The SCI assessment shall be completed after the Child and Adolescent Needs and Strengths Assessment (CANS) is completed, after a Child and Family Team Meeting (CFTM) is conducted, and after LOC determination is made using the LOC Protocol. However, there may be circumstances in which an SCI is needed more immediately in order to stabilize a placement. In either case, the SCI can be paid retroactively to the initial date of the request. Upon assessing the level of need and the recommended Tier of SCI, the social worker will complete the *Request and Approval for Special Care Increment* form (CWS-83) and obtain signatures from the Supervisor and Program Manager, and finally authorization from the Director.

When the request is signed and authorized, the request is considered approved. The approved request will be routed to the CWS foster care eligibility liaison. The liaison will enter the SCI amount in the CWS/CMS software system, populate the Soc 158a *Foster Child's Data Record and AFDC-FC Certification*, obtain social worker signature on the Soc 158a, and submit the approved request form and Soc 158a to the Trinity County Eligibility unit to initiate payment for the term indicated on the request.

If the request is denied by any approving party, or if the term is not renewed for any reason, the CWS social worker will contact the caregiver to inform them of the decision and discuss the denial of either the initial request or renewal of the SCI. This discussion will take place at least 30 days before termination of the SCI payment. If the term of the SCI is not renewed, the social worker will inform the eligibility liaison. The eligibility liaison will populate the Soc 158a with the effective date of discontinuance and updated rate (basic or LOC rate without SCI), obtain social worker signature on the Soc 158a, and submit the Soc 158a to the Trinity County Eligibility unit. The Eligibility worker will populate and send the appropriate Notice of Action form to the caregiver informing them of the payment change.

**The Social Worker will reassess the need for and Tier of SCI after the LOC assessment:**

- **6 months from the last SCI assessment;**
- **any time that placement changes; or,**
- **should the specialized needs of the child change as determined by any member of the CFT and in collaboration with the CFT.**

For those youth who currently have a SCI in place (those who are in placement before ACL 18-06 was published), their SCI will remain in effect until one of the above conditions occur.

Per WIC 11461(2)(A) the State shall have the authority to review the county's specialized care information, including the criteria and methodology used for compliance with state and federal law, and to require counties to make changes if necessary to conform to state and federal law.

Costs are allowable for Federal Financial Participation (FFP) under the Title IV-E foster care program for foster children with physical or emotional disabilities who may require more care and supervision. Counties shall document the need for additional day-to-day care and supervision that is above and beyond the LOC determination (which includes LOC Basic, Tiers 2-4, and ISFC).



**TRINITY COUNTY  
CHILD WELFARE SERVICES**

**Request and Approval for Special Care Increment**

Date: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Resource Family Placement: \_\_\_\_\_

Date of Placement in this home: \_\_\_\_\_

Summary of child's special needs\*: \_\_\_\_\_

\_\_\_\_\_

*\*SW or requesting party must provide justification and ensure back-up documentation is located in the case file.*

Date LOC Determination completed: \_\_\_\_\_

Date Child and Family Team Meeting (CFTM) completed: \_\_\_\_\_

**Special Care Increment**

<u>Tier:</u>	<u>Increment:</u>
A	\$240.00
B	\$360.00
C	\$481.00

*Tiers will be determined using the  
Addendum-SCI Matrix (attached).*

**Special Care Increment is in addition to basic rate or LOC rate as set forth annually by CDSS.**

**These updated rates are published every July in an All County Letter (ACL) reflecting California Necessities Index (CNI) increases. Please refer to current ACL for current rates.**

**Recommended Increment: SCI Tier # \_\_\_\_\_ \$ \_\_\_\_\_ + (basic or LOC rate) = \_\_\_\_\_ per month**

Date Increment to begin on: \_\_\_\_\_

Date Increment to end on: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Director or Deputy Director

☐ Initial Request Denied: \_\_\_\_\_

Reason, Initials, Date

☐ Renewal Request Denied: \_\_\_\_\_

Reason, Initials, Date (**SW to inform resource family 30 days before payment termination**)

**ADDENDUM**  
**TRINITY COUNTY CHILD WELFARE SERVICES**  
**SCI Matrix**

*(SCI Matrix copied directly from May 2018 CWDA Statewide SCI Matrix framework document)*

The following table is not intended to include every possible condition or situation, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum for a particular Tier, especially for Tier 3. For example, Tier 3 lists a child may be stable, asymptomatic with AIDS, but will include a child who is also symptomatic with AIDS.

<b>Area</b>	<b>Tier 1</b> **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	<b>Tier 2</b> **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	<b>Tier 3</b>
<b><u>Medical conditions</u></b> Drug exposed history or positive toxicology screen. Alcohol exposure (FAS, FASD or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Seizures Physical Disabilities/Impairments Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Immune Disorders Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns	<input type="checkbox"/> 1-3 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics. <input type="checkbox"/> Mild breathing difficulties requiring prescription medications with close supervision. <input type="checkbox"/> Sick Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <input type="checkbox"/> Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. <input type="checkbox"/> Diabetes with special diet – no insulin or medication needed. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> HIV positive clinically well	<input type="checkbox"/> 4-6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Seizures requiring intermittent monitoring, medications and other interventions to control. <input type="checkbox"/> Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Intermittent oxygen. <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). <input type="checkbox"/> Shunt placement-functioning stable <input type="checkbox"/> Sick Cell SB Thal Moderate Symptoms 11.	<input type="checkbox"/> More than 6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> FAS/FASD with moderate to severe complications (verifiable medical diagnosis) <input type="checkbox"/> Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. <input type="checkbox"/> Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure <input type="checkbox"/> Continuous oxygen. <input type="checkbox"/> Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. <input type="checkbox"/> Hemophiliac requiring close monitoring to prevent injury. <input type="checkbox"/> Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc) <input type="checkbox"/> Sick Cell SC, Severe Symptoms. <input type="checkbox"/> Child requires continuous care and supervision on a daily basis in accordance with a prescribed

Area	<b><u>Tier 1</u></b> **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	<b><u>Tier 2</u></b> **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	<b><u>Tier 3</u></b>
<b><u>Medical conditions</u></b> <i>continued</i>	<input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms. <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. <input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's) <input type="checkbox"/> Other:	Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). <input type="checkbox"/> Cleft lip requiring surgical intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. <input type="checkbox"/> Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:	treatment plan that would otherwise require placement in an institutional facility. <input type="checkbox"/> Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. <input type="checkbox"/> Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. <input type="checkbox"/> Combined cleft lip/palate. <input type="checkbox"/> Other:
<b><u>Developmental delays or disabilities</u></b> Developmental Delay Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.) Learning Delays or Disabilities Sensory Integration Disorder	<input type="checkbox"/> Moderate developmental delays or disabilities requiring weekly care provider assistance. <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. <input type="checkbox"/> Intermittent assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Regional Center client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or RC social worker. <input type="checkbox"/> Other:	<input type="checkbox"/> Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider. <input type="checkbox"/> Regular in-home assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center client documentation required from RC SW. <input type="checkbox"/> Other:

Area	<b><u>Tier 1</u></b> **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	<b><u>Tier 2</u></b> **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	<b><u>Tier 3</u></b>
<b><u>Behavioral Issues</u></b> AWOL Aggressive and Assaultive Animal Cruelty CSEC Substance Use/Abuse Gang Activity Fire Setting Severe mental health issues- including suicidal ideation and/or Self Harm Psychiatric hospitalization(s) Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators Habitual Truancy Three or more placements due to the child's behavior	Behavior modification required but no medication prescribed. <input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> 601 behaviors (truant, beyond control of caregiver) exhibited at this level. <input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other:	<input type="checkbox"/> Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor's disruptive, dangerous, and high-risk behaviors. <input type="checkbox"/> Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. <input type="checkbox"/> 601 and 602 frequently exhibited themselves at this level. <input type="checkbox"/> Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. <input type="checkbox"/> Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances. <input type="checkbox"/> Other: